

A rectangular stamp with a double-line border. The word "ORIGINAL" is printed in large, bold, capital letters across the top. In the bottom right corner, the date "(Rev. 5/05)" is printed in smaller capital letters.

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Norwood Wyatt #167137
(Name of Plaintiff) (Inmate Number)

Delaware Correctional Center
1181 Paddock Rd., Smyrna, DE 19977

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

18

CIVIL COMPLAINT

(1) First Correctional Medical

(2) Sitta Gombeh Ali, M.D.

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

FILED
SEP - 6 2005
U.S. DISTRICT COURT
DISTRICT OF DELAWARE

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • • Yes • • No
- C. If your answer to "B" is Yes:

1. What steps did you take? Medical Grievances and letter to Warden

2. What was the result? Unresolved

- D. If your answer to "B" is No, explain why not:
-

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: First Correctional Medical

Employed as Medical Provider at Delaware Correctional Center

Mailing address with zip code: 245 McKee Rd., Dover, DE 19904

Main Office: 12795 N. Wildlife Ave., P.O. Box 69370, Tuscon, AZ
85737-0015

(2) Name of second defendant: Sitta Gombeh Ali

Employed as Doctor at Delaware Correctional Center

Mailing address with zip code: 1181 Paddock Rd., Smyrna, DE 19977

(3) Name of third defendant: N/A

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. See attached statement on chronological listing of

Norwood Wyatt's Medical Condition.

2.

3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Have Medical at DCC schedule my surgery and be given \$300K

Compensatory and \$300K Punitive Damages for deliberate indifference towards my medical needs; plus any legal expenses incurred.

2.

3.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28th day of August, 2005.

Norwood J. Wyatt
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IM Alexander Wyatt
SBI# 167137 UNIT # C-17
DELAWARE CORRECTIONAL CENTER
1181 Paddock Road
SMYRNA, DELAWARE 19971 WILMINGTON, DE 19850

U.S.M.S.
X-RAY

Clerk
U.S. District Court
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